



**STATE OF TENNESSEE**  
**Department of Education**  
**Office of Accountability**  
6<sup>th</sup> floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN. 37243

**DUPLICATE DIPLOMA REQUEST:**

Effective immediately, only written and signed requests will be accepted. The student who is requesting the duplicate diploma must sign the form, **and must include the \$10.00 fee. NO REQUEST WILL BE COMPLETED WITHOUT THE FEE.**

Please make checks payable to: **TREASURER STATE OF TENNESSEE**

The following is the information needed:

**FULL NAME OF STUDENT:**

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**NAME OF HIGH SCHOOL ATTENDED:**

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**CITY & COUNTY WHERE SCHOOL IS LOCATED:**

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**DATE OF GRADUATION (month & year):**

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**Signature of Student making request:**

**Current mailing address:**

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Please allow 3-4 weeks for request to be processed.

**Telephone:** \_\_\_\_\_